

CITY OF NEW HAVEN

BUREAU OF PURCHASES

Solicitation Information Template - SIT

<https://newhavenct.bonfirehub.com>

City Department:	Health					
Contact:	Brooke Logan	Email	blogan@newhavenct.gov	Telephone #	203-946-8351	
Reviewer: (See Definition Below)	Maritza Bond, Monika Lopez	Email	mbond@newhavenct.gov Monika.lopez@new-haven.k12.ct.us			
Advisor: (See Definition Below)	Maritza Bond	Email	mbond@newhavenct.gov			
Observer: (See Definition Below)		Email				
Solicitation Type: see Solicitation Format Guide	Construction under \$100k (non SCD)		Construction \$100k to 1 Million		Construction over \$1 million	
	Commodity		Service		Grant RFP	
	SCD Service		SCD Under \$100 k		SCD \$100 - \$150k	
	RFP	X	RFP w/ LWI		RFP Hybrid	
Project Name: If you have had a prior solicitation use the same naming convention – this helps when searching historical records – Also Keep it Simple	Temporary and Per Diem Nursing Staff					
Project Number: Construction projects require a	N/A					

Project # - request from Engineering										
Brief Overview/Mayoral Summary: This will be used for the Advertisement and the Web Page. Be thorough but not too wordy	The Department of Health of the City of New Haven seeks the services of a personnel agency to provide temporary registered nurses and advanced practice nurse practitioners to work in school health office providing school nursing services, adult and pediatric vaccination clinics, including COVID-19 vaccination clinics, sexual health clinics, pediatric clinics for back-to-school physicals, and other community-based clinics offered by the New Haven Health Department									
Solicitation Budget:	\$300,000				Publish Budget		Yes		No	
Solicitation Term:	One year with the option to review for an additional two years.	2 Input 1, 2, 3 or 4 Above		Options to renew for two additional one year terms (cannot exceed 4)						
Solicitation Term: (for longer construction projects)	July 1, 2022 to June 30, 2023									
Advertisement: We advertise in the New Haven Register, please provide your Hearst Acct# if you require other papers, please provide funding PO	Hearst Account # & PO #	Account for advertising - 24022957-56694			Other Publication: Indicate if you need to advertise in other publications			Biznet		
Dates: (These are subject to change)	Advertise Date:	March 21, 2022			Close Date:			April 5, 2022		
Pre-Solicitation Meeting Date must be a minimum of 7 days after ad date and 7 days prior to closing date	Date:	N/A	Time:		Location:					
Funding Source & Acct #	City:	24022957-56694	State:		Federal:					
Special Requirements,	Nursing and other medical staff must be licensed to practice in the State of Connecticut, must meet									

<p>Certifications Etc Please include in this section any special items or licensing etc that would be appropriate/required for this solicitation</p>	<p>minimum insurance requirements set forth by the City of New Haven, City of New Haven will not indemnify temporary staffing agency</p>	
<p>Specifications: Please put all the specifications into this box – if they are very large you may include a separate email with the document</p>	<ol style="list-style-type: none"> 1. Name of Vendor/Contractor 2. Permanent main office address 3. Contact Information: Phone, E-mail 4. If an organization, when organized 5. Legal form of ownership. If a corporation, where incorporated. 6. How many years have you been engaged in services, under your present name? 7. Provide hourly rate table 8. Include current certificate of insurance that meets City of New Haven standards for medical providers 9. Experience in work similar in scope of services and in importance to this solicitation opportunity. <ul style="list-style-type: none"> • Proposals are currently or previously been provided, include for each client: • Name of Organization • Gross cost of agreement • Date services started • Services being provided • Responsible official, address, and telephone number of person available as a reference. 10. Have you ever failed to complete any work awarded to you? If so, where and why? 11. Have you ever defaulted on a contract? If so, where and why? 12. Describe any pending litigation or other factors, which could affect your organization's ability to perform this agreement 13. Names, titles, reporting relationships, and background and experience of the principal members of your organization, including the officers. Indicate which individuals are authorized to bind the organization in negotiations with the City of New Haven 14. Name, title, address and telephone number of the individual to whom all inquiries about this Proposal should be addressed. 15. Will you upon request, fill out a detailed financial statement and furnish any other information or sign a release that may be required by the City of New Haven? 16. Tax Identification number(s) 17. As a Vendor are you able to receive electronic payment by P Card? Please explain your answer. 18. Addendum acknowledgement Indicate Yes or None. In the event that you indicate “none” and there have been 	<p>1</p>

	addendum issued, you are still responsible for the addendum content. See section Interpretation of Addenda for details					
Bid Table: Formerly known as Calc Sheet – Contact Procurement Analyst for Template (Bids)						
RFP Selection Criterion: Contact Purchasing if you need suggestions:	50 points budget 50 points experience					
Have the Special and or General Conditions sections been Modified in any way?	N/A					
Architect/Engineering Firm:	N/A					
A/E Contact:	Contact		Email		Telephone	